

OFFICE ONLY

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

STRICT

PIES

SPITAL

CURRENCE

SIDENCE

ACT

CUPATION

PARENTS

DISTRIBUTION

CERTIFIER

A-149

C LOC

JERIES

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.CONDITIONS IF ANY WHICH GAVE RISE TO
IMMEDIATE CAUSE STATING UNDERLYING
CAUSE LAST.FOR STATE
REGISTRAR
USE ONLY

LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST

CLAUDE D. YOCKEY, JR.

2. SEX

Male

3. DEATH DATE (MO DAY YR)

May 27, 1984

146-84 10540

STATE FILE NUMBER

4. RACE (WHITE, BLACK, AM. IND.
ETC. SPECIFY)

White

5. AGE - LAST BIRTH-
DAY (YRS)

58

6. UNDER 1 YEAR
MOS. DAYS7. UNDER 1 DAY
HOURS MINS.

8. BIRTHDATE (MO DAY YR)

July 6, 1925

9. COUNTY OF DEATH

Okanogan

10. CITY, TOWN OR LOCATION OF DEATH

Winthrop

11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
0 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 1 ☐ PLACE
(0) 2 miles from City Limits on E. Chewack12. RECEIVED EMERGENCY CARE
AMBULANCE, FIREFTR, PARAMED?

Yes YES/NO

13. BIRTH STATE (IF NOT IN
USA GIVE COUNTRY)

Washington

14. CITIZEN OF WHAT COUNTRY

U.S.A.

15. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED

Married

16. SPOUSE (IF WIFE GIVE MAIDEN NAME)

Ethel J. Stewart

17. WAS DECEDENT EVER IN
U.S. ARMED FORCES? (YES/NO)

Yes

18. SOCIAL SECURITY NO.

535-26-4814

19. USUAL OCCUPATION (GIVE KIND OF WORK DONE
DURING MOST OF WORKING LIFE EVEN IF RETIRED.)

Equipment Operator

20. KIND OF BUSINESS OR INDUSTRY

State Hiway Department

21. RESIDENCE - NUMBER AND STREET

Rt. 1 Box 310

22. CITY/TOWN, OR LOCATION

Winthrop

23. INSIDE CITY LIMITS? (YES/NO)

No

24. COUNTY

Okanogan

25. STATE

Washington

26. FATHER - NAME FIRST, MIDDLE, LAST

Claude D. Yockey

27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST

Mildred L. Girard

28. INFORMANT - NAME

Mrs. Ethel Yockey - Wife

29. MAILING ADDRESS

Rt. 1 Box 310 Winthrop, Wa. 98862

30. BURIAL, CREMATION,
REMOVAL, OTHER (SPECIFY)

Burial

31. DATE (MO DAY YR)

May 30, 1984

32. CEMETERY/CREMATORY - NAME

Sullivan Cemetery

33. LOCATION - CITY/TOWN, STATE

Winthrop, Washington

34. FUNERAL DIRECTOR

SIGNATURE

X

35. NAME OF FACILITY

Precht's Methow Valley Chapel

36. ADDRESS OF FACILITY

98841
P.O. Box 2059 Omak, Wa.

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND
DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE

X

38. DATE SIGNED (MO DAY YR)

May 27, 1984

39. HOUR OF DEATH (24 HRS)

0400

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

Dr. Wm. Henry, M.D. Box 66, Twisp, Wa. 98856

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT
THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE

X

42. DATE SIGNED (MO DAY YR)

43. HOUR OF DEATH (24 HRS)

44. PRONOUNCED DEAD (MO DAY YR)

45. HOUR PRONOUNCED DEAD
(24 HRS)

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

47. IMMEDIATE CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

(A) Sudden Cardiac Death

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary Artery Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.

Hypertension

49. AUTOPSY? (YES/NO)

No

50. WAS CASE REFERRED TO MEDICAL
EXAMINER OR CORONER? (YES/NO)

No

51. ACC., SUICIDE, HOM., UNDET., OR
PENDING INVEST. (SPECIFY)

52. INJURY DATE (MO DAY YR)

53. HOUR OF INJURY (24 HRS.)

54. DESCRIBE HOW INJURY OCCURRED.

55. INJURY AT WORK? (YES/NO)

56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY,
OFFICE BLDG. ETC. (SPECIFY)

57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR

SIGNATURE

X

59. DATE RECEIVED (MO DAY YR)

May 29, 1984

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE: